

PROVIDER ENROLLMENT/RE-ENROLLMENT APPLICATION

***DIVISION OF FAMILY AND CHILDREN SERVICES
COMPREHENSIVE CHILD AND FAMILY ASSESSMENT
FIRST PLACEMENT BEST PLACEMENT***

1. Your Name:

2. Title/Position:

3. Agency Name:

4. Agency Status: ☐ For Profit ☐ Not-for-Profit FEI#

A. Are you applying for re-approval as an ☐ independent contractor, ☐ non-profit agency,
☐ Community Service Board (CSB), ☐ for profit agency?

6. Address (Mailing)

7. Address (Location)

8. Phone: _____ 9. Fax _____

10. Email address:

11. Web Page Address:

12. ☐ Yes ☐ No Add address to "Approved Assessment Provider" E-mail address book.

13. How long have you been doing Comprehensive Assessments (CCFA)?

14. How many Comprehensive Assessments have you completed in the past 12 months? _____

15. Do you provide CCFA Wrap-around Services? ☐ Yes ☐ No

15 (a). If yes, please provide the number of Wrap-around cases served for the last calendar year by the following:

Summer Safety/Summer Enrichment:	_____
In-Home Intensive Treatment	_____
In-Home Case Management	_____
Crisis Intervention (Code 24)	_____
Crisis Intervention (Code 47)	_____

16. Training:

16 (a). List all individuals who attended "Back to Basics" and "Advanced" training and the dates attended. Note: All Family Assessors must have a certificate on file for Advanced

Training. _____

16 (b). List any additional training you or your staff have received that enhances your ability to complete all aspects of the CCFA assessment and wrap-around services program. List by name of training, dates of training, trainer and CEUs attained.

17. Waivers: Has your agency requested any waivers during the past year? ☐ Yes ☐ No

17 (a). If yes, provide a complete list of all waivers requested, the reasons for each request, the county involved, and whether the waiver was approved (yes or no).

18. List the county DFCS offices you are currently providing services: (add additional sheets as necessary)

19. Do you have any plans for expanding your services in Georgia? ☐ Yes ☐ No

If yes, please list the additional counties or geographic areas you plan to serve:

20. List any special or unique capabilities of your agency. For example, you have staff capability in translating in Spanish, sign language, etc.

21. Are you a Medicaid provider? ☐ Yes ☐ No. If so, list your provider# _____ (For interagency use only)

22. Signature: _____ Date: _____

Title: _____

Application **must be mailed** to: *(Applications will not be accepted if they are faxed, emailed or hand delivered by the provider)*

**The Department of Human Resources, DFCS
Attention: CCFA Statewide Assessment Program
2 Peachtree Street, NW, Suite 18-204
Atlanta, Georgia 30303**

For questions or assistance, call (404) 657-3459 or email to lbcofield@dhr.state.ga.us,

APPLICATION ATTACHMENTS

The Department of Human Resources, Division of Family and Children Services reserves the right to verify any of the information provided in these attachments with the appropriate credentialing body, licensing board, insurance carrier, or criminal background check system. The Department will verify educational and licensure credentials.

The following attachments **must** be included as part of the application:

- (1). Copy of current Business License(s) or other appropriate license or documentation (e.g. Letter of Incorporation).
- (2). Copy of proof of general commercial liability coverage of a minimum of \$100,00.00. **You must include with this information a signed release by your agency that gives Department of Human Resources, Division of Family and Children Services (DHR/DFCS) permission to verify with the Insurance Company. Liability coverage must include all staff or provide verification that all persons whom you contract with have appropriate coverage.**
- (3). Copy of other professional credentials e.g. transcripts for all person(s) who will be completing the assessments/providing services. Provide a list by name, education, and license, for each staff member or subcontractor. **You must include with this information a signed release by each individual that gives Department of Human Resources, Division of Family and Children Services (DHR/DFCS) permission to verify with the specific credentialing body (e.g. university, college, licensing board, etc.) the credentials listed.**
- (4). Copies of a state and national fingerprint check (Georgia Crime Information Center -GCIC and National Crime Information Center - NCIC) is required for all staff and all subcontractors and their staffs. Provisional Status may be granted with a satisfactory criminal records check from a local law enforcement agency, however **Full** approval is contingent upon the receipt of satisfactory results from NCIC. Submit two (2) sets of fingerprints cards and a money order, in the amount of \$24.00 to the GCIC for processing.
- (5). A copy of the current Georgia Driver's license and current automobile insurance must be provided on all individuals who will have the responsibility of transporting children or families. Persons transporting children and families are required to have coverage that is inclusive of terms/provisions for transporting children and families.
- (6). A brief statement of your experience in assessing children and families. Included in this statement should be the names, titles, and professional credentials of all supervisory staff and the names of the individuals they are supervising.
- (7). Attach two (2) current references (letters within the last year) from individuals or organizations (at least one from a DFCS office) that are familiar with your work. Include their name, address, and phone number on the agency letterhead.
- (8). Please provide a list all individual(s)/agencies who make up your support network for the provision of CCFA/Wrap-Around services. All providers must have

approved Health Check Providers and Psychologist/Psychiatrist as identified members of their support network or team. This list should include the names, addresses, and telephone numbers of the individual/agency.

(9). **For re-enrollment only.** Copies of **two (2) assessment packages** completed within the past three months. On two different families if a particular type of report was not done in the past three months, then submit copies of the two most recently completed. These will be reviewed to insure the Minimum Standards for Child and Family Assessments were followed.

Package for Re- application Must Include:

- ☐ Ages 4 - 18 Psychological Assessment Report
- ☐ Family Assessment Report ☐ Adolescent Assessment (Ages 14-18) Report
- ☐ Educational Assessment Report ☐ Medical Assessment Report

Note: If any of the five (5) reports above are not provided in the re-application, a specific reason for not including that report must be stated. For example, if no referrals for adolescent assessments were received, then this reason should be stated.

(10). (a) List the members of your staff and their specific roles and responsibilities in the provision of both assessment and wrap-around services. Include an organizational chart reflecting the individuals listed.

(b) Discuss any staff turnover in the past year. List individuals who were approved to provide services for your agency, and are no longer working with your agency.

(11). **For re-enrollment providers only.** Agencies providing wrap-around services, are to submit copies of two different Wrap-Around Services Documentation reports (Ref: Section XIII, G. in CCFA Standards).

Note: Applications should be tabbed in accordance with the enrollment/re-enrollment application numbers and attachments. The application should include a cover letter and table of contents.

Once approved, providers are responsible for keeping their enrollment package current by providing to the DFCS State Office of Child Protection, CCFA Provider Review Committee, Two Peachtree Street, NW, Suite 18, Atlanta GA 30303 updated information on staffing, credentials, licensure, and insurance coverage as changes occur.

Application and all attachments **must be mailed** to: *(Applications will not be accepted if they are faxed, hand delivered by the provider, or emailed.),*

**The Department of Human Resources, DFCS
Attention: CCFA Statewide Assessment Program
2 Peachtree Street, NW, Suite 18
Atlanta, Georgia 30303**

For questions or assistance, please send via email to lbcofield@dhr.state.ga.us.

D. ENROLLMENT/RE-ENROLLMENT APPLICATION INSTRUCTIONS

DIVISION OF FAMILY AND CHILDREN SERVICES **COMPREHENSIVE CHILD AND FAMILY ASSESSMENT**

1. Provide your full name.
2. Provide the title of the person on line 1. or the position. For example, Executive Director, or Clinical Director, or Case Manager
3. Provide the name of the organization that you are applying to be approved under. Provide the legal name and/or the name doing business as. For example, "Comprehensive Family and Health Services" doing business as "New Horizons" If applying as an Individual, list the full name of the individual, including his/her title. For example, Dr. Joe Smith, Ph.D., Clinical Psychologist.
4. Check the appropriate box regarding your organization status.
5. Check the appropriate box as indicated.
6. Provide your official mailing address.
7. Provide your organization location address if different from your mailing address. Otherwise enter "SAME". A Post Office Address is not acceptable. You must list a physical address.
8. Business telephone number.
9. Business fax number.
10. Business or other e-mail address where you wish to receive e-mail on any aspect of the application process. This e-mail address may be incorporated into an overall e-mail address book of approved providers. The purpose will be to disseminate information pertinent to providers doing assessments. Types of information that might be provided are training topics and dates, alerts to changes in standards, application and re-application information, and any other information of interest to all approved private providers.
11. List your web page address, if applicable.
12. Check the appropriate box. It is **strongly recommended** that you provide an e-mail address and keep it current. This is the preferred method of communication with all providers and will ensure you of getting critical information in a timely manner.
13. List the number of *months* you have been doing assessments.
14. **For re-enrollment only.** Completed comprehensive assessments should equal the numbers of invoices you have submitted and received payment for the last calendar year.
15. **For re-enrollment only.** Check the appropriate box.
15 (a) indicate the number of cases for each type of service listed.
16. Training (within the last calendar year)
16 (a) Include with the list copies of attendance certificates for all individuals listed, if available.

- 16 (b) include any information on additional training that may be applicable.
17. **For re-enrollment only.** Waivers (last calendar year). Check appropriate box.
- 17 (a) Provide a complete list as indicated.
18. List only those Georgia counties you provide assessment services to.
19. Do you have any plans for expanding your services? If yes, please explain and list additional areas.
20. List any unique capabilities of your agency, including other types of services or programs you provide.
21. Only answer yes to this question if you have a Medicaid provider number.
22. The Executive Director, President or equivalent must sign and date the re-application upon completion. If the application is from an individual as opposed to an organization, then the individual is responsible for signing the re-application. Please include the title and date signed.

Please **mail** the re-application form and all other accompanying information to:

**The Department of Human Resources, DFCS
Attention: CCFA Statewide Assessment Program
2 Peachtree Street, NW, Suite 18-204
Atlanta, Georgia 30303**

Note: The State Provider Review Committee reserves the right to check and verify the credentials, degrees, and/or licensing information on any employee included as part of the application.